

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 7, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT Codes 97110, 97250, 97265, and 99213-MP for dates of service 5/10/02 through 5/13/02 and reimbursement for CPT Codes 97122, 97110, 97250, 97265, 99213-MP, 95851, 99213, 97750-MT, and 99080-73 for dates of service 5/10/02 through 2/19/03.

II. FINDINGS

Dates of service 6/27/02 through 8/5/02 were denied as “1 – This Workers’ Compensation Claim has been denied”; however, the healthcare provider submitted a copy of the Benefit Dispute Agreement dated 9/24/02 stating that the claimant sustained a compensable injury to the L4/5 on _____. Therefore, these dates of service will be reviewed per the Texas Workers’ Compensation Commission Rules and 1996 Medical Fee Guideline.

III. RATIONALE

- CPT Code 97110 for dates of service 5/10/02 and 5/13/02. EOB’s were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes support the utilization of a one-to-one setting; however, the requestor did not identify the severity of the injury to warrant one-to-one therapy. Additional reimbursement not recommended.
- CPT Code 97250 for dates of service 5/10/02 and 5/13/02. EOB’s were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of service. Per the 1996 Medical Fee Guideline, General Instructions, 1st paragraph the respondent did not reimburse the requestor the maximum allowable reimbursement; therefore additional reimbursement in the amount of \$30.00 ($\$43.00 \times 2 - \$86.00 - \56.00 (reimbursement by respondent)) is recommended.
- CPT Code 97265 for dates of service 5/10/02 and 5/13/02. EOB’s were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of service. Per the 1996 Medical Fee Guideline, General Instructions, 1st paragraph the respondent did not reimburse the requestor the maximum allowable reimbursement; therefore additional reimbursement in the amount of \$30.00 ($\$43.00 \times 2 = \$86.00 - \56.00 (reimbursement by respondent)) is recommended.
- CPT Code 99213-MP for dates of service 5/10/02 and 5/13/02. EOB’s were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) SOAP notes support delivery of service. Per the 1996 Medical Fee Guideline, General Instructions, 1st paragraph the respondent did not reimburse the requestor the maximum allowable reimbursement; therefore additional reimbursement in the amount of \$22.00 ($\$48.00 \times 2 = \$96.00 - \74.00 (reimbursement by respondent)) is recommended.

- CPT Code 97122 for dates of service 5/10/02 through 5/20/02. EOB's were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) SOAP notes support delivery of service. Reimbursement in the amount of \$105.00 (\$35.00 x 3) is recommended.
- CPT Code 97110 for date of service 5/20/02. EOB's were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes support the utilization of a one-to-one setting; however, the requestor did not identify the severity of the injury to warrant one-to-one therapy. Reimbursement not recommended.
- CPT Codes 97250 and 97265 for date of service 5/20/02. EOB's were not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of service. Therefore reimbursement in the amount of \$86.00 (\$43.00 x 2) is recommended.
- CPT Code 99213-MP for date of service 5/20/02. An EOB was not submitted by either party. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) SOAP notes support delivery of service. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 95851 for date of service 5/30/02 denied as "4 – By clinical practice standards, this procedure is incidental to the related primary procedure billed". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(4) SOAP notes support the delivery of service as billed. Reimbursement in the amount of \$36.00 is recommended.
- CPT Code 97110 for dates of service 6/27/02 through 8/1/02 denied as "1 – This Workers' Compensation Claim has been denied". See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the SOAP notes support the utilization of a one-to-one setting; however, the requestor did not identify the severity of the injury to warrant one-to-one therapy. Reimbursement not recommended.
- CPT Code 97122 for dates of service 6/27/02 through 8/1/02 denied as "1 – This Workers' Compensation Claim has been denied". See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) SOAP notes support delivery of service. Reimbursement in the amount of \$140.00 (\$35.00 x 4) is recommended.
- CPT Codes 97250 and 97265 for dates of service 6/27/02 through 8/1/02 denied as "1 – This Workers' Compensation Claim has been denied". See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of service. Reimbursement in the amount of \$344.00 (\$43.00 x 8) is recommended.
- CPT Code 99213 for date of service 6/27/02 denied as "1 – This Workers' Compensation Claim has been denied". See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (VI)(B) SOAP notes support delivery of service. Reimbursement in the amount of \$48.00 is recommended.

- CT Code 99213 for dates of service 7/30/02 and 7/31/02 denied as “1 – This Workers’ Compensation Claim has been denied”. See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(4) which states in part that... “If treatment is to be continued, re-examination by the treating doctor shall occur at least monthly”. Per the updated table of disputed services the healthcare provider billed one office visit on 7/30/02 and two office visits for date of service 7/31/02. SOAP notes support delivery of service. Per the Fee Guideline rule cited reimbursement in the amount of \$48.00 is recommended.
- CPT Code 99213 for date of service 8/1/02 denied as “1 – This Workers’ Compensation Claim has been denied”. See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (VI)(B) SOAP notes support delivery of service. Reimbursement in the amount of \$48.00 is recommended.
- CPT Code 97750-MT for date of service 7/31/02 denied as “1 – This Workers’ Compensation Claim has been denied”. See **FINDINGS** above. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(3) submitted muscle testing report supports delivery of service. Reimbursement in the amount of \$43.00 is recommended.
- CPT Code 99080-73 for date of service 8/5/02 denied as “1 – This Workers’ Compensation Claim has been denied”. See **FINDINGS** above. Per §133.106(f) the requestor did not submit a TWCC-73 for this date of service. Therefore, reimbursement is not recommended.
- CPT Code 99080-73 for date of service 2/29/03. An EOB was not submitted by either party. Per §133.106(f) the work status report supports delivery of service; therefore, reimbursement in the amount of \$15.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97122, 97110, 97250, 97265, 99213-MP, 95851, 99213, 97750-MT, and 99080-73 in the amount of \$995.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$995.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 29th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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